



Wonderseum

Registration Form

Child's Full Name:

Birthday:

Address:

Legal Guardians (2):

Name:

Phone:

Address:

Name:

Phone:

Address:

Emergency Contact Info:

Child's Physician:

Clinic Name:

Phone Number:

Address:

Alternate Adult Allowed to Pick up Child:

Relation to Child:

(Always let us know who will be picking up your child, they will be required to show an ID at pick up time)

Allergies:

Are there any other observations or conditions that you would like to share with us?

Is there anything else that you would like us to know?

Medications Taken:

Please Tell Us More about Your Child:

What are your child's strengths?

What are some areas of growth that you would like your child to work on?

What are your goals for your child for this year?

Please return this form along with a note from your child's pediatrician stating that they are in good health and are able to attend school. This note must be submitted before August 1, 2024 and can be scanned and emailed to our Education Coordinator - eschwabe@woodlandschildrensmuseum.org, or a copy brought into the front desk at the museum.